

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	1						54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9	1						59						
10		(1)					60						
11	1						61						
12		1					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	8	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	13						TOTAL CLAIMS						